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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/783,729
	Filing Date	2/13/02
	First Named Inventor	Czaja, et al.
	Group Art Unit	2661
	Examiner Name	Unknown
	Attorney Docket Number	LSI-001-PAP

To: Assistant Commissioner for Patents
Washington, DC 20231

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I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Failure of Applicant/Owner to pay attorney's fees and out-of-pocket expenses.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	LSI LOGIC CORPORATION						
Address	1551 McCarthy Blvd.						
Address							
City	Milpitas	State	CA	ZIP	90535		
Country	U.S.A.						
Telephone	(408) 433-8000	Fax	(408) 433-7770				

☒ This request is made on behalf of myself and

☒ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	Martin J. Jaquez, Reg. No. 38,060
Signature	
Date	November 19, 2002

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.